

# STATE OF MONTANA

## CONCEALED WEAPON PERMIT APPLICATION

Must be completed by each person making application:

Resident of Montana at least six (6) months    ☐ Yes    ☐ No  
Citizen of the United States    ☐ Yes    ☐ No  
Eighteen (18) years of age or older    ☐ Yes    ☐ No

This Area for Use by Madison County Sheriff/Coroner's Office Only

CWP # \_\_\_\_\_  
NICS# \_\_\_\_\_

### **PLEASE TYPE OR PRINT**

Full Name: \_\_\_\_\_  
Last First Middle

Alias/Maiden/Nickname: \_\_\_\_\_

Address – Home: \_\_\_\_\_  
Street City State Zip

- Work: \_\_\_\_\_  
Street City State Zip

Phone: \_\_\_\_\_  
Home Employer Message

Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License#: \_\_\_\_\_ Issuing State: \_\_\_\_\_

Social Security#: \_\_\_\_\_ Male or Female (circle one)

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_

LIST EACH FORMER EMPLOYER OR BUSINESS ENGAGED IN FOR THE PAST FIVE (5) YEARS:

	Employer or Business Name	Address	Dates of Employment
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

LIST EACH FORMER PLACE OF RESIDENCE:

	Street	City	State	Zip
1.	_____			
2.	_____			
3.	_____			
4.	_____			
5.	_____			

MILITARY SERVICE, BRANCH: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_

TYPE OF DISCHARGE: \_\_\_\_\_ RANK UPON DISCHARGE: \_\_\_\_\_

HAVE YOU EVER BEEN ARRESTED FOR OR CONVICTED OF A CRIME OR FOUND GUILTY IN A COURT MARTIAL PROCEEDING: ( ) Yes ( ) No

IF YES, COMPLETE THE FOLLOWING (exception: minor traffic violations; attach additional sheets if necessary):

	City	State	Charges	Date
1.	_____			
2.	_____			
3.	_____			
4.	_____			

LIST THREE PERSONS WHOM YOU HAVE KNOWN FOR AT LEAST FIVE (5) YEARS THAT WILL BE CREDIBLE WITNESSES TO YOUR GOOD MORAL CHARACTER AND PEACEABLE DISPOSITION. (Do not include relatives or present/past employers).

	Name	Street Address/City/State	Phone
1.	_____		
2.	_____		
3.	_____		

[illegible]

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Applicant Signature	Date
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(Attach Fingerprint card; copy of firearms training certification and drivers license)